

Exhibit 1: Skills Checklist for Medication Administration

Person trained:

Position:

Instructor:

Type of Medication Administration (Oral, Topical etc.):

(*See “Steps in School Medication Administration” of this manual for procedure)

A. Preparation:

1. Verifies authorization of parent’s note with prescription label (student’s name, date, medication, and dosage).
2. Seeks information for questions and dose calculations.

B. Procedure:

1. Washes hands.
2. Gathers necessary equipment.
3. Checks label of medication for name, time, dose, and route when picking up medication container.
4. Prepares correct dosage of medication without touching medication if possible by pouring into lid cap then medicine cup or directly into medicine cup if liquid.
5. Rechecks label for name, time, dose, and route while preparing dose.
6. Rechecks label a third time when returning medicine to locked cabinet.
7. Does not leave medication unattended or within student’s reach.
8. Identifies student by asking student to say his or her name, or uses third party identification if student is nonverbal.
9. Observes student for any unusual behaviors or conditions prior to administration. If any noted, does not give medication and reports to nurse, parent or principal.
10. Explains procedure to student.
11. Positions student properly for administration.
12. Administers correct medication to correct student, at correct time, in correct dose and by correct route.
13. Cleans, returns and/or disposes of equipment as necessary.
14. Washes hands.

C. Recording

1. Records as soon as possible on medication sheet: name, time, dose, route, and person administering medication.
2. Records any unusual observations in student’s record and reports to nurse, parent or principal.
3. Reports any medication errors.

¹ Virginia Department of Health. 1999. *Virginia School Health Guidelines*, p. 263.

**Exhibit 3: Letter to Parent Advising of Texas Medication Law
(Version 1-School with a Nurse)**

District Letterhead
School with a Nurse

Date

Dear Parent or Guardian:

To comply with Texas State Law, the following restrictions apply to the taking of medicine by students while at school:

1. All medicine is to be brought to and kept in the school nurse's office.
2. Prescription and non-prescription medicine must be in the original container. Prescription medicine must be in a container with the pharmacy label for that student.
3. If a prescription or non-prescription medicine must be given during the school day, it must be accompanied by a note signed by a parent or guardian giving authorized school personnel directions for its administration (time and dosage).
4. School personnel will not give any medicine, including Tylenol, unless it is provided by you, in the appropriate manner as stated above.

These restrictions are necessary for protection of the health and safety of your child. We will appreciate your cooperation in this matter.

Sincerely yours,

School Nurse

Phone number

Please keep the attached form available for future use should your child need to take a medication during school hours.

**Exhibit 4: Letter to Parent Advising of Texas Medication Law
(Version 2-School without a Nurse)**

District Letterhead
School without a Nurse

Date

Dear Parent or Guardian:

To comply with Texas law, the following restrictions apply to the taking of medicine by students while at school:

1. All medicine is to be brought to and kept in the principal's office.
2. Prescription and non-prescription medicine must be in the original container. Prescription medicine must be in a container with the pharmacy label for that student.
3. If a prescription or non-prescription medicine must be given during the school day, it must be accompanied by a note signed by a parent or guardian giving authorized school personnel directions for its administration (time and dosage).
4. School personnel will not give any medicine, including Tylenol, unless it is provided by you, in the appropriate manner as stated above.

These restrictions are necessary for protection of the health and safety of your child. We will appreciate your cooperation in this matter.

Sincerely yours,

School Nurse

Phone number

Please keep the attached form available for future use should your child need to take a medication during school hours.

Exhibit 5: Refusal to Administer Medication Letter (to Parents)

Date _____

Dear Parent,

You have requested school personnel to administer (Name of Medication) to your child, (Name of child) during school hours.

After discussing your request with the school nurse consultant, and giving the matter careful consideration, we cannot give this medication to your child for reason(s) checked below:

- A. Medication can be administered before and after school hours.
- B. Medication was not sent to school in the original container.
- C. Medication (in the nurse's professional judgment) is not appropriate for student.
- D. Student has a temperature and needs medical attention.
- E. Student has had medication every day for ____ weeks. We cannot continue to administer medication. Complaints of the student include:

F. Medication received without written authorization.

G. Other _____

Should your child's health care provider feel that your child needs this medication during school hours, medication will be given after receiving written request from them.

Providing protection for students as well as our staff is of utmost importance as we endeavor to administer medication at school. You may talk to the nurse consultant, by calling here and leaving a message. She or he will call you back.

Your cooperation in this matter is greatly appreciated.

Principal

Phone number

Nurse

Exhibit 6: Administrative Regulation for Administration of Medications at School

Parents,

Your child may have an illness that requires medication for relief or cure that does not prevent his or her attending school. When possible, such medication should be scheduled to be taken at home. However, according to Texas State Legislature, and ISD Board of Trustee policy, a medication may be dispensed to a student by school personnel. The following requirements must be met by the parent or legal guardian requesting this service.

1. **Prescription or non-prescription drugs** that need to be taken at school for **15 days or less**.
 - a. All prescription drugs must be in their original pharmacy container and labeled by the pharmacist. The label must include:
 - 1) Student's name
 - 2) Name of prescribing health care provider.
 - 3) Name of drug
 - 4) Amount of drug to be given and frequency of administration
 - 5) Date prescription filled.
 - b. All non-prescription drugs must be in their **original container**. The written request for administration of these must contain the following information:
 - 1) Student's name
 - 2) Name of drug
 - 3) Amount of drug to be given
 - 4) When drug is to be given
 - 5) Reason drug is given
 - 6) Date
 - 7) Signature of parent/guardian
 - c. All prescription and non-prescription drugs to be administered at school for 15 days or less must be accompanied by a **written request, signed and dated by a parent or legal guardian**. (Form on reverse side).
2. **Prescription or non-prescription drugs** that need to be taken at school for **more than 15 days**.
 - a. All prescription and non-prescription drugs to be administered at school for longer than 15 days must be accompanied by a **written request signed and dated by the prescribing health care provider and the parent or guardian requesting this service**. (Form on reverse side).
3. Medications prescribed or requested to be given three times a day or less are not to be given at school unless a specific time during school hours is prescribed by a

- health care provider, or the school nurse determines that a special need exists for an individual student.
4. There will be no more than one medication per properly labeled container
 5. All medications will be stored and dispensed in the school clinic, or from the principal's office. Exceptions must be approved by proper school authorities in advance.
 6. No student may have prescription or non-prescription drugs in his/her possession on school grounds during school hours without proper authorization.
 7. No medication will be administered from or kept in the school or clinic for more than 15 days unless otherwise prescribed by a physician or other health care provider.
 8. In accordance with Board of Nurse Examiners Rule, 22 Texas Administrative Code § 217.11, the school nurse has the responsibility and authority to refuse to administer medications that, in his or her judgment, are not in the best interest of the student.

Exhibit 7: Parental Permission to Administer Prescription or Non-prescription Medications for more than or less than 15 days.

**Parental Permit to Administer Prescription or Non-Prescription
Medication at School for 15 Days or Less**

Student name: Last		First	MI	Age
Grade	Teacher			
<input type="checkbox"/> Prescription Medication		<input type="checkbox"/> Non-Prescription Medication		
Name of drug		Name of drug		
Time to be given		Time to be given		
Amount to be given		Amount to be given		
Reason medication being given				
Number of: Tablets	Pills	Capsules	Other	
Send only amount student needs to take at school in properly labeled, original container, so that student will not be required to carry medication back and forth from home to school.				
Parent/Guardian signature			Date	
Home telephone ()			Work telephone ()	

**Physicians - Parent Permit to Administer Prescription or Non-Prescription
Medication at School for More Than 15 Days**

Student name: Last		First	MI	Age
Grade	Teacher			
Reason student receiving medication				
Name of medication			Dosage	Date to DC
Possible toxic reactions				
Form of medication <input type="checkbox"/> Tablet <input type="checkbox"/> Pill <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhalant <input type="checkbox"/> Other				
Feedback requested <input type="checkbox"/> Yes <input type="checkbox"/> No			How often	
Physician signature			Date	Telephone ()
This is the school's permission to give (student name)			the above medication as prescribed by Dr. (physician name) as he directs.	
Parent/Guardian signature			Date	
Home telephone ()			Work telephone ()	